NICKI A. BURKE

SALEM COUNTY SURROGATE

PROBATE FACT SHEET (website version)

Salem County Court House - 92 Market Street, Salem, NJ 08079 Tel. (856) 935-7510 Ext. 8121 FAX: (856) 339-9359 E-Mail: Surrogate@salemcountynj.gov

Nicki.burke@salemcountynj.gov Website: salemcountynj.gov

ESTATE OF:
(name as it appears on the Last Will & Testament – (if will & death certificate differ use a/k/a)
Name of decedent as it appears on the death certa/k/aa/k/aa/k/aa/k/a
LEGAL DOMICILE AT TIME OF DEATH:
County of: State of:
Marital status of decedent and other information: √ Married Widowed Single, Never Married Divorced Certified Domestic Partnership Civil Union Social Security Number: - - Date of Birth: Date of Death: EXECUTOR RESIDENT OF NEW JERSEY: YES NO State value over \$675,000 YES NO
Pages in Will: (please enclose a copy-present original to Surrogate's Court for Probate) Executor Short Certificates requested [] Date of Will: Self Proving Will: YES NO If Not self proved need Name(s) and Address(es) of Witness who will prove:
Name:Address:
Name:
☐ Witness was contacted to prove will ☐ Witness coming to office to prove

WEBSITE /probate/probate fact sheet

Rev. 04/28/14

□ /a Entire Estate to Class "A" Beneficiaries □ /a Estate to all or some non class "A" Beneficiaries □ /a NJ Real Property □ /a Real Estate located in another state? □ Yes □ if yes, what state(s): □ How is real estate titled? Decedent ownership percentage of real estate FIRST NAMED EXECUTOR (Legal name & mailing address) □ If name of executor(s) is different than what is printed in will, give explanation such as "Executor named as Jane C. Jones, has married and is now known as Jane Jones Smith." EXECUTOR LEGAL NAME: □ First named □ Acting □ Deceased □ Renouncing □ Co-Executor □ of □ named (1 of? how many co-executors named) □ Relationship, if any: □ Address (mailing) □ Address (mailing) □ E-Mail: □ n/a Attorney acting as fiduciary - is or was an attorney □ Co-Executor □ of □ named (1 of? how many co-executors named) Relationship, if any: □ Not an attorney □ Co-Executor □ of □ named (1 of? how many co-executors named) Relationship, if any: □ Not an antorney □ Co-Executor □ of □ named (1 of? how many co-executors named) Relationship, if any: □ Not an attorney □ Co-Executor □ of □ named (1 of? how many co-executors named) Relationship, if any: □ Not an attorney	 Witness requests paperwork mailed, emailed or faxed □ n/a Codicil Date: 1st: 2nd: 3rd:
n/a Estate to all or some non class "A" Beneficiaries n/a NJ Real Property n/a Real Estate located in another state?	
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□ Co-Executor of named (1 of ? how many co-executors named) □ Relationship, if any: Age: (must be 18 or older) □ Phone: () Cell: () □ Address (mailing) E-Mail: □ n/a Attorney acting as fiduciary - is or was an attorney □ is NOT an attorney CO-EXECUTOR OR ALTERNATE NAMED EXECUTOR LEGAL NAME: □ Alternate named □ Acting □ Deceased □ Renouncing □ Co-Executor of named (1 of ? how many co-executors named) Relationship, if any: Phone: () Cell: () Address (mailing) E-Mail: □ n/a Attorney acting as fiduciary - is or was an attorney	EXECUTOR ELECTEDATE.
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	is NOT an attorney
Next of Kin/Persons/charities, etc. named in LW&T: Begin with spouse and children (guardian of	
	minor children) Include stepchildren. If none, include parents and/or siblings. Indicate if they will be renouncing (use reverse side or additional sheet if necessary.)
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B. Children of decedent from PRESENT marriage:C. Children of decedent-previous relationship-not child of spouse?	YES YES	NO NO			
 D. Children of surviving spouse-stepchild of decedent? E. Children of deceased children? F. Stepchildren 	YES YES	NO NO			
IS A BENEFICIARY DEVELOPMENTALLY DISABLED? YES NO					
☐ Is a charity mentioned in the Will? Refer executor to Rule 4:80-6 on "Notice of notice is required to the New Jersey Attorney General ☐ YES ☐ NO	Probate and Prod	of Of Mailing" insert as			
☐ Does the decedent own real property in another county or state?	☐ yes	ono no			
NAME - Relationship to Decedent, Address, Age if Minor, Renouncing? (<i>use reverse side or additional sheet if necessary.</i>)					
» ALSO include names of addresses and relationship, if known, of nex					
1. Name:					
Address:	Age				
2 Names		minor			
2. Name:					
Address:	Age 「	minor			
3. Name:	Relationship				
Address:					
	Г	minor			
4. Name:					
Address:					
		minor			
5. Name:	Relationship_				
Address:	Age _				
		minor			
NAME- – Relationship to Decedent, Address, Age if Minor, Renouncing? PLEASE USE SI	EPARATE SHEET FOR	ADDITIONAL NAMES			
All					
Attorney:					
Address:		· · · · · · · · · · · · · · · · · · ·			
Phone: ()FAX:)					
If filing by mail, provide information sheet, certified death certifica	te and origina	l will (sending			

If filing by mail, provide information sheet, certified death certificate and original will (sending original Will by regular mail is not recommended)

NOTES/COMMENTS: